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CENTRAL FAX CENTER**AUG 02 2005****FAX TRANSMISSION****DATE:** August 2, 2005**PTO IDENTIFIER:** Application Number 09/767870-Conf. #2716
Patent Number**Inventor:** Jeffrey L. BROWNING et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (709) 746-6097**FROM:** LAHIVE & COCKFIELD, LLP
Cristin E. Howley, Ph.D.**PHONE:** (617) 227-7400**Attorney Dkt. #:** BGNA054RCE**PAGES (Including Cover Sheet):** 14**CONTENTS:** Amendment Transmittal (1 page)
Fee Transmittal (1 page) in duplicate
Supplemental Amendment and Response (9 pages)
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PTO/SB/97 (08-04)

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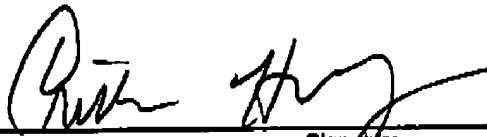
Application No. (if known): 09/767370

Attorney Docket No.: BGNA054RCE

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on August 2, 2005
Date



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Cristin E. Howley, Ph.D.

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Amendment Transmittal (1 page)
Fee Transmittal (1 page) in duplicate
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CENTRAL FAX CENTER
AUG 02 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: Browning *et al.*

Serial No.: 09/767370

Filed: January 23, 2001

For: *Method For the High Level Expression of
Active Lymphotoxin-Beta Receptor Immunoglobulin
Chimeric Proteins and Their Purification*

Attorney Docket No.: BGNA054RCE

Group Art Unit: 1642

Examiner: C.H. Yaen

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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August 2, 2005

Date

Cristin E. Howley

SUPPLEMENTAL AMENDMENT AND RESPONSE

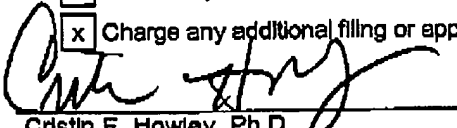
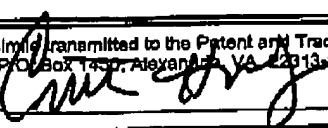
Dear Sir:

This is a Supplemental Amendment and Response to Applicants' previously filed Amendment and Response of May 31, 2005, and in response to discussions that occurred during the telephone interview of July 26, 2005 with the Examiner. Amendments to the claims begin on page 2 of this Supplemental Amendment and Response. Remarks/ Arguments begin on page 6 of this paper. Please amend the above-referenced application as follows:

08/04/2005 SMHASS1 00000005 120080 09767370

01 FC:1201 200.00 DA

AUG 02 2005

AMENDMENT TRANSMITTAL LETTER			Docket No. BGNA054RCE		
Application No. 09/767370-Conf. #2718	Filing Date January 23, 2001	Examiner C. H. Yaen	Art Unit 1642		
Applicant(s): Jeffrey L. BROWNING et al.					
Invention: METHOD FOR THE HIGH LEVEL EXPRESSION OF ACTIVE LYMPHOTOXIN-BETA RECEPTOR IMMUNOGLOBULIN CHIMERIC PROTEINS AND THEIR PURIFICATION					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	28	- 40 =		x	
Independent Claims	7	- 6 =	1	x 200.00	200.00
Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					200.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>12-0080</u> in the amount of \$ <u>200.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Cristin E. Howley, Ph.D. Attorney Reg. No.: 55,281			Dated: <u>August 2, 2005</u>		
LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400					
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 746-5097 at MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: August 2, 2005 Signature:  (Cristin E. Howley, Ph.D.)					

AUG 02 2005

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Effective on 12/02/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4518).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	09/767370-Conf. #2718
		Filing Date	January 23, 2001
		First Named Inventor	Jeffrey L. BROWNING
		Examiner Name	C. H. Yeon
		Art Unit	1842
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	BGNA054RCE
TOTAL AMOUNT OF PAYMENT		(\$)	200.00

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive & Cockfield, LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
26		- 40 =	x		Fee (\$)		Fee Paid (\$)
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
7		- 6 =	x	200.00	200.00		
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 =	/ 50	(round up to a whole number) x					
4. OTHER FEE(S)							Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge):							
SUBMITTED BY							
Signature				Registration No. (Attorney/Agent)	55,281	Telephone	(617) 227-7400
Name (Print/Type)	Cristin E. Howley, Ph.D.			Date	August 2, 2005		

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Dated: August 2, 2005	Signature: (Cristin E. Howley, Ph.D.)